ROHINGYA REPATRIATION

Many twists and turns but no solution in sight yet

MOHAMMAD ZAMAN

THERE are over a million Rohingya refugees in Bangladesh, including the latest batch of 800,000 that came after August 25, 2017 and the 250,000 that arrived since the first exodus of mid-1990s. As Myanmar nationals, the Rohingya Muslims have historically faced ethnic and religious persecutions, culminating in 2017 in a fierce, protracted genocidal campaign by the Myanmar army against its own people. The military launched a violent crackdown leading to arbitrary killings of Rohingyas, including children and the elderly, gang rapes of women, inhuman torture, and razing of village after village that forced all those people to seek shelter in Bangladesh, unleashing a humanitarian crisis unprecedented in recent history.

In the last two years, there have been many twists and turns concerning the repatriation of the Rohingya refugees to their homeland. For instance, first, the agreement signed in November 2017 for repatriation did not work due to the unwillingness of the Myanmar government to recognise the rights and citizenship of the Rohingya Muslims. Second, Myanmar imposed an unfair screening and verification process to eliminate the so-called illegal Bengali Rohingyas from the list of returnees. Third, in November 2018, a much-publicised repatriation bid for some 2,000 families was stalled after the refugees refused to return for fear of fresh persecutions and confinement in the newly-built camps across the border in Rakhine State. The repatriation bid was later abandoned and rescheduled for 2019. Fourth, the planned relocation of 100,000 Rohingyas to Bhasan Char appears to have met with scepticism as there are no
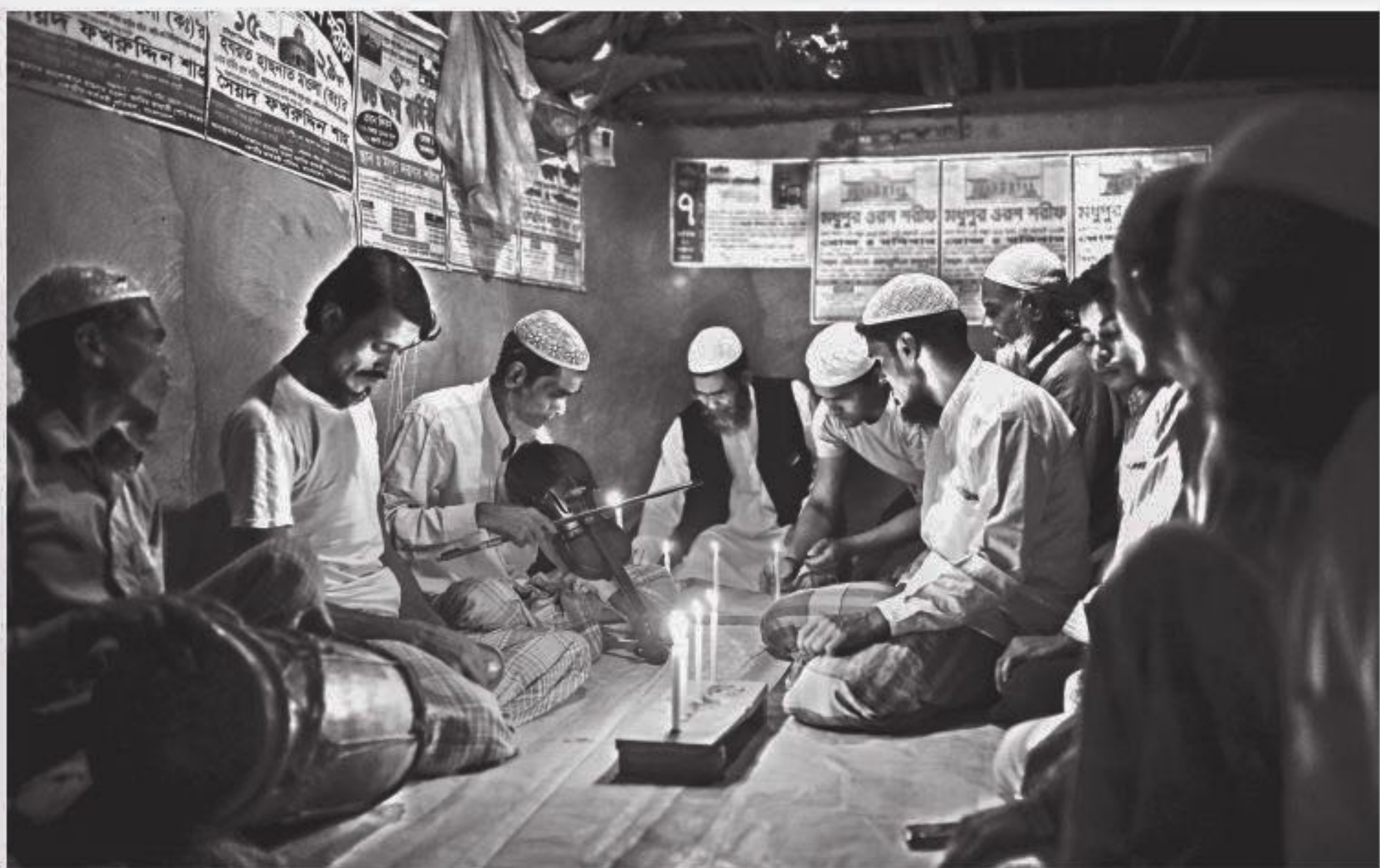
Amir Ali, a Rohingya violinist who was a member of a wedding band of the northern Rakhine State of Myanmar, attends a weekly prayer event to play the violin at the Kutupalong refugee camp in Cox's Bazar, March 7, 2019.
PHOTO: REUTERS/MOHAMMAD PONIR HOSSAIN

voluntary takers among the refugees for such a remote home on an island char. Finally, according to an UN official, the repatriation plan is now at a "total standstill."

With no plausible solution to the refugee crisis in sight, there are growing concerns in Dhaka and among the host communities in Cox's Bazar, who have been severely impacted by the presence of such a large number of outsiders in their neighbourhoods. There is an equally increasing disquiet among government officials at different levels about the future of the refugee situation. The challenge is to find the right balance between the official rhetoric calling for a speedy return of the Rohingyas and any long-term plans for them in Cox's Bazar camps, supported

largely by external aid and assistance. The ongoing initiatives for more durable houses, improved roads, solar street lamps, training and employment for women, markets/shops within the camps, and finally provisions for schools for the kids are all indications of a much longer—or even permanent—stay. Given the continued military atrocities against the Rohingyas inside Myanmar, the refugees in Cox's Bazar are not going back to Myanmar any time soon. Aid workers, diplomats and humanitarian agencies working on long-term plans for improving camp conditions would not, however, publicly state this for fear of contradicting the official position.

At this point, despite constant diplomatic

efforts by the government, there seems to be no hope for an immediate repatriation. Indeed, the Myanmar government seems least interested in the resolution of the crisis. The "clearance operation" is already done; the Myanmar military is sticking to their lies and deceptions, unwilling to give in to any demands of the international community. Even the strategy to send back the refugees to so-called designated "safe zones" inside Myanmar is not getting any ground; but if it does happen, which is unlikely, it will be tantamount to sending them to concentration camps and robbing them of their future rights and citizenships—which are their primary demands. There cannot be any safe zones in Myanmar unless the perpetrators of the Rohingya crisis, including the military generals, who committed crimes against humanity and genocide, are brought to justice.

The current scenario does not provide any sense of hope or relief for any returnees in Myanmar nor those stranded in camps in Bangladesh. The refugees are not allowed to work (although many sneak out to work); they can't leave the camp, open a bank account, and have a mobile phone (due to security reasons although many have bought phones from local Bengalis who can have multiple phones); and children can't attend any Bengali school, which may lead, it is believed, to social and cultural integration. The present dense living conditions, poor quality of water and inadequate vaccination have left Rohingya refugees prone to many contagious diseases. As a result, both the refugees and the host communities in Cox's Bazar are reportedly vulnerable to serious health risks.

Meanwhile, the host communities are also becoming apprehensive of the long-term presence of the refugees and thus slowly turning hostile towards them. The concern is equally evident in Dhaka. At a

recent meeting, leading economists and policy analysts have rejected the idea of providing the refugees with access to the local labour market; instead, they recommended their quick repatriation to ease pressures on Bangladesh because their presence has already posed serious threats to the local environment and population. Thus, any plan for a long-term stay or opening the door for resettlement and integration would lead to conflicts with local communities and raise a range of security issues for Bangladesh. A Rohingya diaspora in Bangladesh also means a second-class status of the Rohingyas and extinction of their cultures. Many refugees don't want this to happen. They want to return to their homes and re-establish their life on their ancestral lands with dignity and full rights as Myanmar nationals.

The Rohingya crisis has not run its course yet. Bangladesh government should continue to pursue voluntary, safe, and dignified repatriation of the Rohingyas to Myanmar. Since the UN finds the situation to be at a "total standstill", Bangladesh should look elsewhere and closely work with India and China for an acceptable resolution. India has not been friendly to the Rohingyas and never supported Bangladesh in any international forum to solve the protracted Rohingya crisis. Myanmar seems more important to India than Bangladesh due to India's economic and geopolitical interests. China has a strong grip on Myanmar at various levels, including the government and the military establishments. Bangladesh must seriously engage both China and India to find a resolution for a dignified return of the refugees. Until this happens, the crisis will continue and bring miseries to the refugee population as well as the host communities.

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PROJECT SYNDICATE

An intelligent approach to mental health

JUNAID NABI

A few years ago, toward the end of his life, my father battled severe depression. As a physician and professor, he did not lack access to mental-health care. But he had grown up in a society that stigmatised mental illness, and he was unwilling to seek professional help. As a son, it was devastating to watch my father suffer but I gained a new awareness of the myriad systemic failures in the provision of care.

Scientists from around the world are now seeking to address the problems with "Countdown Global Mental Health 2030," a "multi-stakeholder monitoring and accountability collaboration for mental health" launched in February. But while this initiative is a positive step, it neglects a key element of an effective solution: advanced technology, especially artificial intelligence (AI).

Globally, the supply of psychiatrists and clinical psychologists is nowhere near sufficient. For example, in Zimbabwe, there are just 25 mental-health professionals for a population of over 16 million. While the country has produced some innovative and useful community-level solutions, such as the "Friendship Bench," their scalability is limited.

Lack of access to mental-health care is hardly a developing-country problem. In the United States, almost half of the population is unable to access comprehensive mental-health care, often owing to financial constraints.

Beyond access, there is the stigma issue, exemplified by my father's experience.

Clinical evidence indicates that stigma takes two forms. People who seek mental-health care may face public stigma in the form of discrimination and exclusion, owing to endemic misconceptions about mental illness. When those beliefs are internalised, sufferers may also struggle with self-stigma: low self-esteem, low self-efficacy, and unwillingness to pursue productive opportunities.

The consequences of failing to provide adequate care have been severely underestimated. According to one study, mental-health issues are responsible for 32.4 percent of years lived with disability and 13 percent of disability-adjusted life years (DALYs)—years of "healthy" life lost due to disease, disability, or untimely death.

The economic costs are enormous. According to a 2015 analysis, in the US alone, the total economic burden from mental health exceeds USD 210 billion annually. More than half of that is attributed to workplace absenteeism and productivity losses; another 5 percent is attributed to suicide-related costs. Companies' efforts to circumvent the need for mental-health care by reminding workers to practice mindfulness are probably not as helpful as proponents claim.

What could help are AI-based solutions, such as chatbots. By mimicking natural language to sustain a conversation with a human user, these software systems could act as virtual therapists, providing guidance and support to those who have no alternatives. A randomised control trial reported by clinical psychologists from Stanford University showed that chatbots were significantly better at reducing the symptoms of depression than an information-only approach.

The sort of provisional mental-health care provided by chatbots would be particularly useful in communities with an inadequate
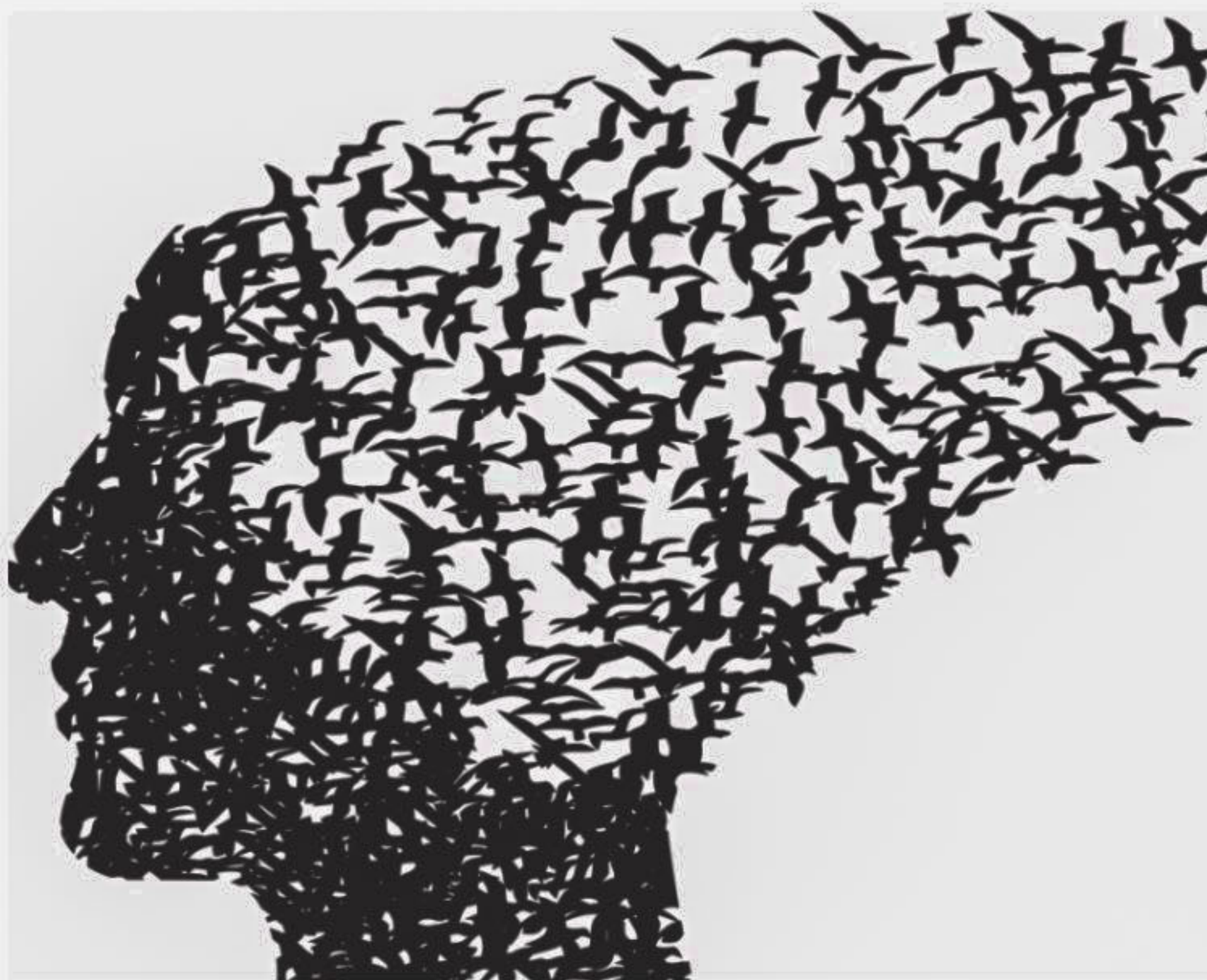
SOURCE: CCCADVOCATE.COM

supply of trained professionals. At a time of unprecedented access to smartphones in developing economies, Internet-based solutions would amount to a boon for mental-health accessibility.

Chatbots could also help overcome the stigma problem, because they can engage people who are otherwise reluctant to seek mental-health care. A recent study found that up to 70 percent of patients are interested in using mobile applications to self-monitor and self-manage their mental health. Once people initiate contact with a chatbot,

another study indicates, they tend to express themselves more freely than they would with a human therapist, underscoring the priority people place on maintaining privacy and avoiding judgment when seeking to address a mental-health issue.

It is now up to clinicians, such as psychologists, to collaborate more extensively with AI developers. Several US universities have already launched programmes that connect experts from clinical sciences with software engineers. These partnerships should be expanded to include universities, especially

in countries with a large unmet need for mental-health care, in order to support the development of linguistically and culturally appropriate virtual therapists.

Involving more diverse actors in the development of algorithms would also help to address the issue of racial and gender discrimination that has cropped up in AI research. Researchers should use fully representative test groups, while taking care to adhere to stringent privacy and accountability protocols.

Of course, such initiatives cost money. Venture capital companies now spend USD 3.2 billion annually on global health research and development. They should expand the scope of their investments to include AI-enabled technologies for mental-health-care delivery. They could also fund competitions among socially conscious technology entrepreneurs, in order to spur further innovation in this area.

To be sure, AI-enabled mental-health interventions would not—and should not—replace human psychologists or psychiatrists. A chatbot cannot, after all, project real empathy. What it can do is screen for high-risk individuals, such as those with suicidal ideation, and potentially avert destructive behaviour in the short term.

Demand and need often drive innovation. Unfortunately, that has not been true of mental-health care. It is time to invest in long-term, cost-effective, and scalable solutions that build mental-health care capacity. That effort must include expanded support for traditional services. But it should also take advantage of cutting-edge technologies like AI.

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CROSSWORD BY THOMAS JOSEPH

ACROSS
1 Spiked clubs
6 Loading sites
11 Make amends
12 Underway
13 Goes through
14 George W.'s wife
15 Road sealer
16 Take to court
18 Gym unit
19 Snaky shape
20 Squid's squirt
21 Mineo of movies
22 "Taken" star
24 Painter Magritte
25 Nonbrand
27 Damaged
29 Look at
32 Historic stretch
33 Gardner of film
34 Caffeine source
35 "DO — say!"
36 Brief time
37 Ring great
38 North African capital
40 Island dances
42 Justice Kagan
43 Ham it up
44 Pop
45 Wise guys

DOWN
1 Weasel's cousin
2 Relaxed
3 Like oak
4 Break off
5 Studio time
6 "Dr. Who" baddie
7 "Son — gun!"
8 College listing
9 Seoul man
10 Paper fastener
17 Rattle
23 Part of a match
24 Outfit
26 Attains
27 Like some arguments
28 Andress of "Dr. No"
30 Tell
31 Speakers' stands
33 Check for purity
39 Neither Dem. Nor Rep.
41 Thurman of "Gattaca"

YESTERDAY'S ANSWER

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BEETLE BAILEY by Mort Walker

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